



Incident Report

Print Date/Time: 01/04/2016 10:48
Login ID: ss0137

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2015-00204023

Incident Date/Time: 12/31/2015 8:04:00 AM
Location: 9900 20TH ST SE
LAKE STEVENS WA 98258
Phone Number: (425) 931-7240
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 2
Status: 2
Nature of Call:

Unit/Personnel

Unit	Personnel
19D2	SS0127-Adams
19D3	SS0130-Rutherford

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	CORDELL, NAOMI					

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						719ZNI	

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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Collision Report



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E500471**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

CASE # **2015-00204023**

LOCAL AGENCY CODING **0664**

TOTAL # OF UNITS **01** OBJECT STRUCK

DATE OF COLLISION **12** - **31** - **2015** TIME (2400) **0804** COUNTY # **31** MILES N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664** CITY #

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒
20 ST SE BLOCK NO. ☒ **10000** MILE POST

DISTANCE MILES ☐ N ☐ E ☐ OF (REFERENCE OR CROSS STREET) FEET ☐ S ☐ W ☐

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4259230031**

LAST NAME **ALMOND** FIRST NAME **BRITTANY** MIDDLE INITIAL **M**

STREET NEW ADDRESS **1121 181ST AVE NE**

CITY **SNOHOMISH** ST **WA** ZIP **98290**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **ALMONBM058N5** STATE **WA** SEX **U** D.O.B. **08** - **25** - **1995**

ON DUTY ☐ STATUS AIRBAG **9** RESTR. **3** EJECT **1** HELMET USE **2** INJURY CLASS **0** NATURE OF INJURIES

LICENSE PLATE # **719ZNI** STATE **WA** VIN# **JN8AR05YXWW238036**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **1998** MAKE **NISS** MODEL **PATHFIN** STYLE **4W** VEHICLE TOWED YES ☒ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **BRITTANY ALMOND 1121 181ST AVE NE SNOHOMISH WA 98290 D: 4259230031**

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

UNIT 02 MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☐ PHONE

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX D.O.B. - -

ON DUTY ☐ STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

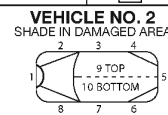
VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

OFFICER'S NAME (PRINT) **N. ADAMS #127** BADGE OR ID # **127** AGENCY **WA0311900**




**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E500471**CASE # **2015-00204023**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

On 12/31/15 at about at call time of about 0807 hours (all times approximate), I was dispatched to a single vehicle collision that occurred in the 10000 block of 20th St SE, in the city of Lake Stevens.

The vehicle, LIC: 719ZNI, was on its driver's side on the south side of 20th St SE, with the driver still inside.

The driver, who later verbally identified herself as Brittany M. Almond (DOB 08/25/95), was entrapped in the driver's seat and required fire personnel to extract her.

I took digital photographs of vehicle and scene, which were later printed and added to the case report.

WITNESS STATEMENT(S):

Naomi N. Cordell (DOB 02/19/76), a witness to the accident, provided a written statement. Cordell said she was headed eastbound in the 9900 on 20th St SE when she saw the above vehicle turn left across oncoming traffic lanes, bounce over the curb and roll 3 to 4 times before it came to rest on its side.

No other vehicles were involved. Almond was transported to the hospital by am

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

N. ADAMS #127
12-31-15 11:48 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

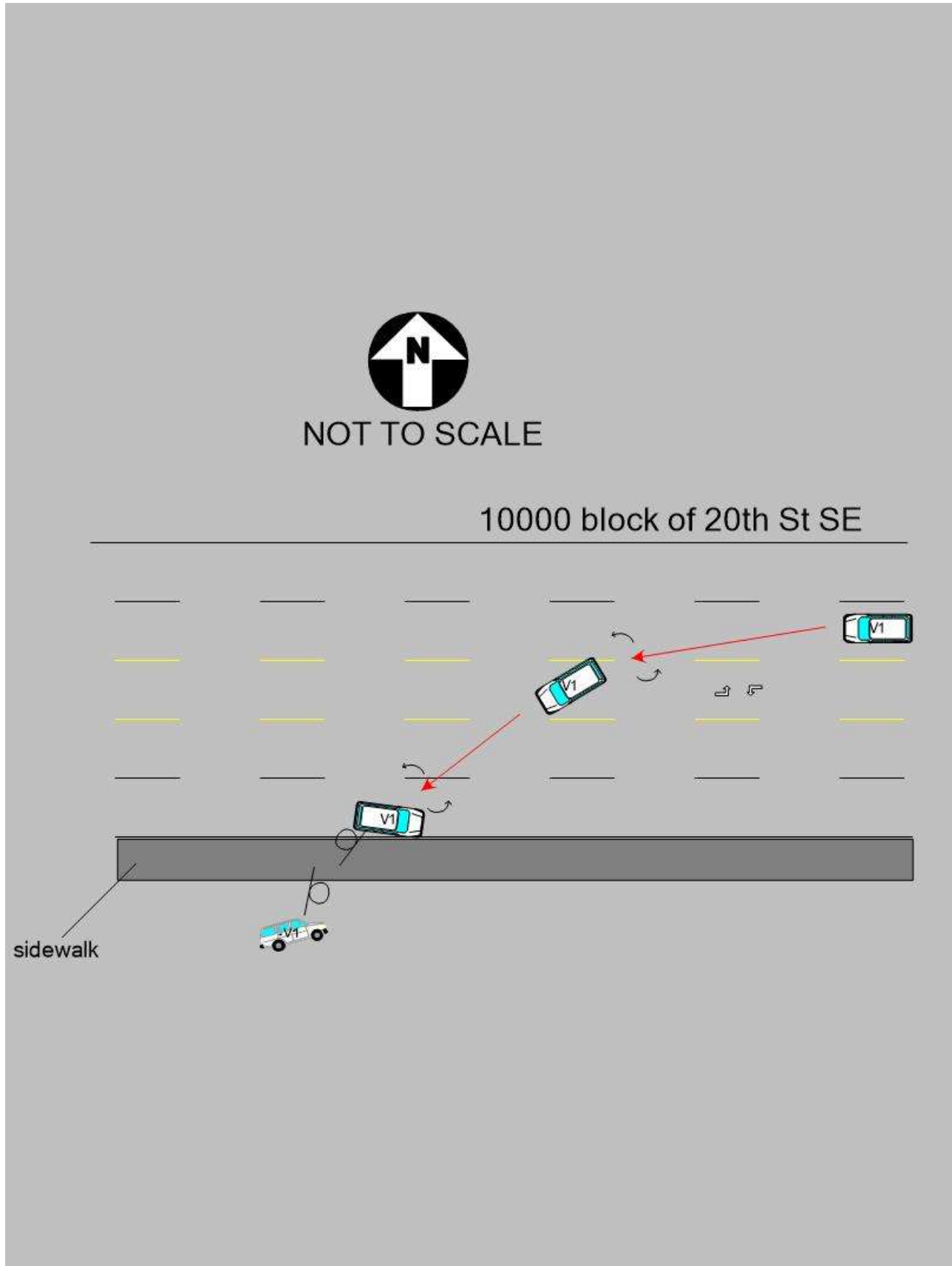
BOB SUMMERS 0079
12/31/2015 9:05:40 PM

BADGE OR ID #	127	ORI #	WA0311900	TIME POLICE DISPATCHED	8:04 AM	TIME POLICE ARRIVED	8:07 AM
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REPORT NO. E500471

CASE # 2015-00204023

DATE AND TIME
OF COLLISION 12/31/15 08:04



Naomi Cordell Statement



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 15-264023VICTIM ☐ WITNESS ☒NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>Cordell, Naomi</u>			RACE	ETHNICITY	SEX <u>F</u>	D.O.B. <u>2/19/76</u>	AGE <u>39</u>	HGT	WGT	HAIR	EYES
STREET ADDRESS <u>10715 6716 84th Dr NE</u>					CITY			STATE		ZIP	
HOME PHONE			CELL PHONE <u>425 931 7240</u>			WORK PHONE					
EMAIL ADDRESS (OPTIONAL)						PLACE OF EMPLOYMENT					

STATEMENT:

Pathfinder headed west on 20th. Lost Control, veered across eastbound lanes, hit curb, rolled 3-4 times. Held her hand until ems arrived

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

Naomi Cordell

DATE SIGNED:

12/31/15

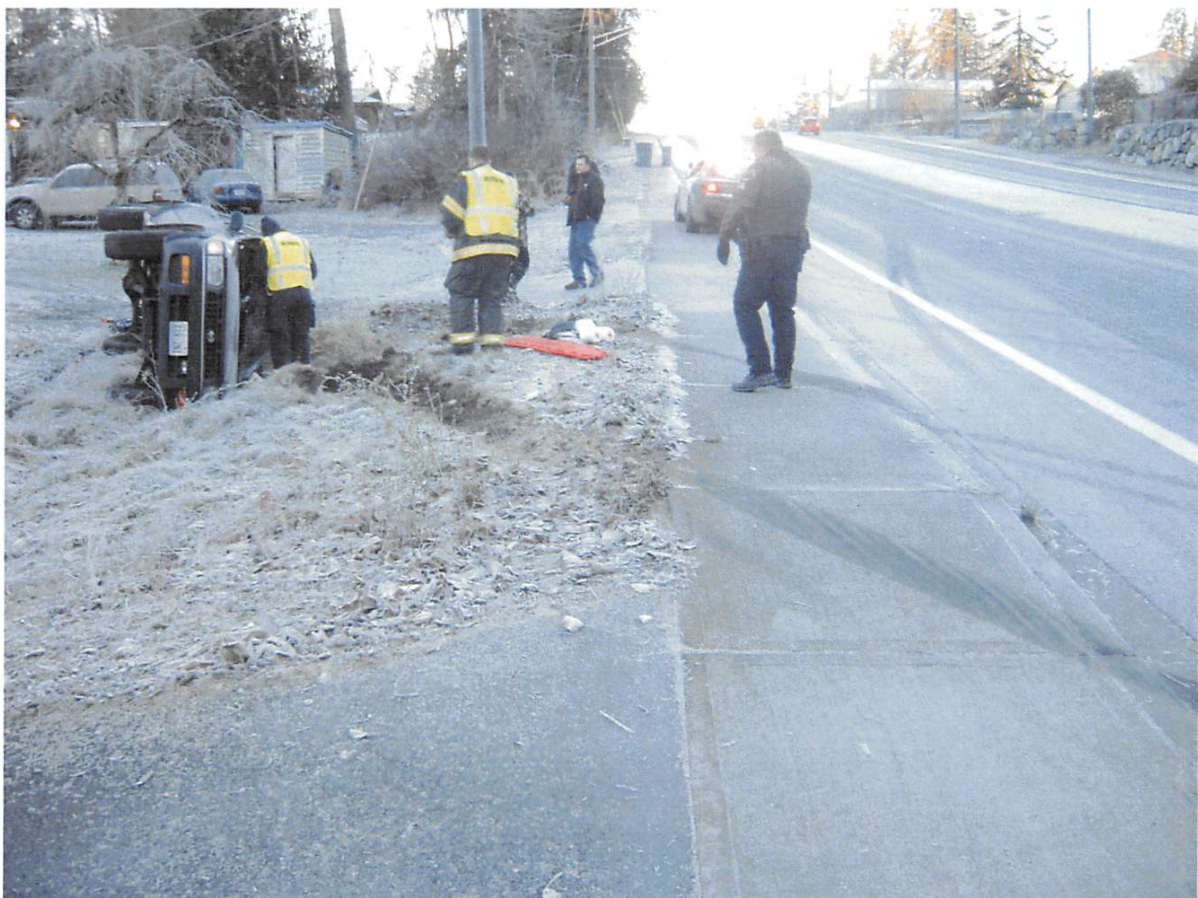
OFFICER/NUMBER:

Adams #127

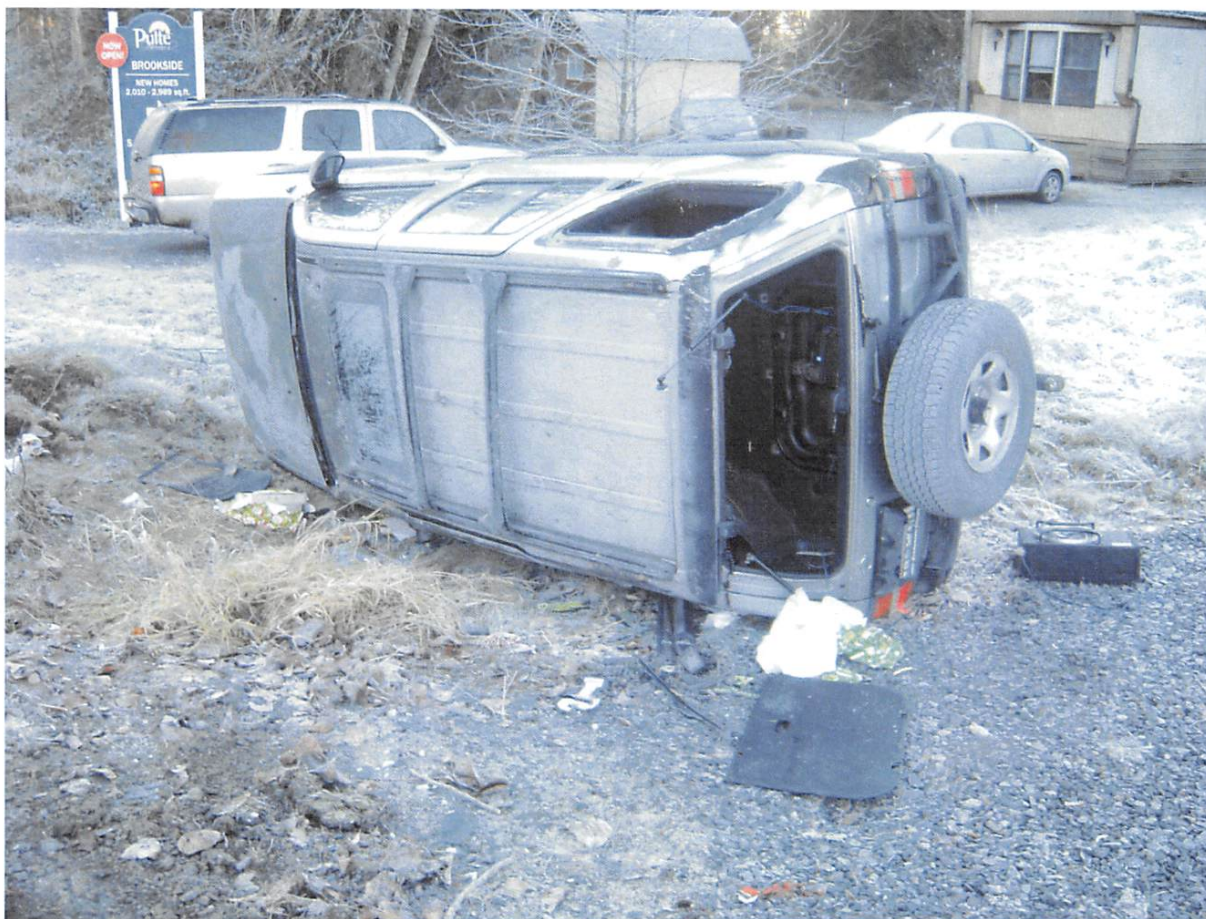
DATE SIGNED:

12/31/15

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"





[illegible]

